

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



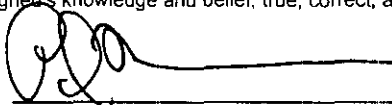
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="06353"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Paul"/> <input type="text" value="V"/> <input type="text" value="Hogrogian"/>  P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 1400"/>  Street <input type="text" value="401 Broadway"/>  City <input type="text" value="New York"/>  State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10013"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="National Postal Mail Handlers Union"/>  Labor Organization File Number <input type="text" value="000-505"/>  P.O. Box, Building and Room Number, if any <input type="text" value="Room 500"/>  Street <input type="text" value="1101 Connecticut Avenue, NW"/>  City <input type="text" value="Washington"/>  State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20036-4304"/>
5. Position in labor organization. <input type="text" value="National Vice President"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>  7.b. Amount. <input type="text"/>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text" value="5-5-2006"/> Date	<input type="text" value="212 431- 0040"/> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois ZIP Code + 4 60515

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

First Health underwrites and administers the union health plan

## 11.b. Approximate dollar value of such dealing.

OVER \$1 BILLION

## 12.a. Nature of interest held or income received.

SEE ATTACHED

## 12.b. Amount.

\$515

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Paul Hogrogian  
LM-30 Attachment

Vallone Wake (February 3, 2005):  
Dinner (Self & Spouse) (approx. \$50 each)

Local 320 Training/General Membership Meeting (March 4-5, 2005):  
2 Dinners (Self) (approx. \$50 each)

Committee on the Future (April 1, 2005):  
Lunch/Refreshments (Self) (approx. \$25)

Local 301 Event (June 16-17, 2005):  
Refreshments (Self) (approx. \$10)  
Lunch/Refreshments (approx. \$20)

Committee on the Future (August 4, 2005):  
Lunch (Self & Spouse) (approx. \$15 each)

Open Season Seminar (October 5-8, 2005):  
2 Buffet Breakfasts (Self & Spouse) (approx. \$15 each)  
1 Lunch/Refreshments (Self & Spouse) (approx. \$25 each)  
1 Buffet Lunch (Self & Spouse) (approx. \$20 each)  
1 Box Lunch (Self & Spouse) (approx. \$10 each)  
2 Buffet Dinners (Self & Spouse) (approx. \$45 each)